Reaching Consensus and Planning Ahead

Health Forums 2001

Regional Profile: Health & Community Services - St. John's Region

GOVERNMENT OF
NEWFOUNDLAND
AND LABRADOR
Department of
Health and Community Services
Policy Development Division

Fall 2001
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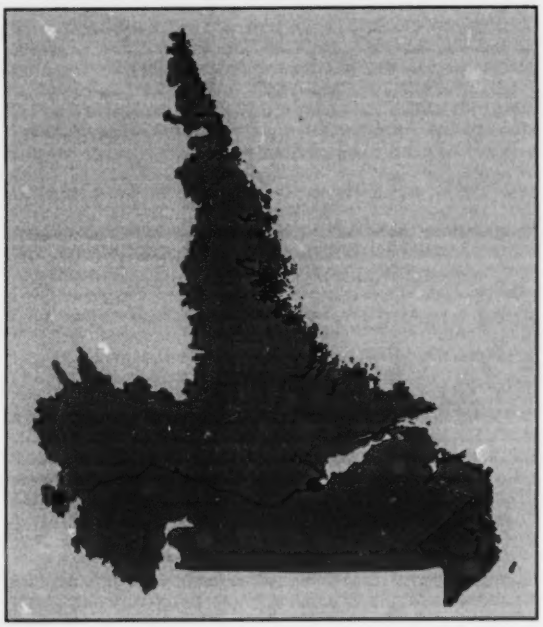
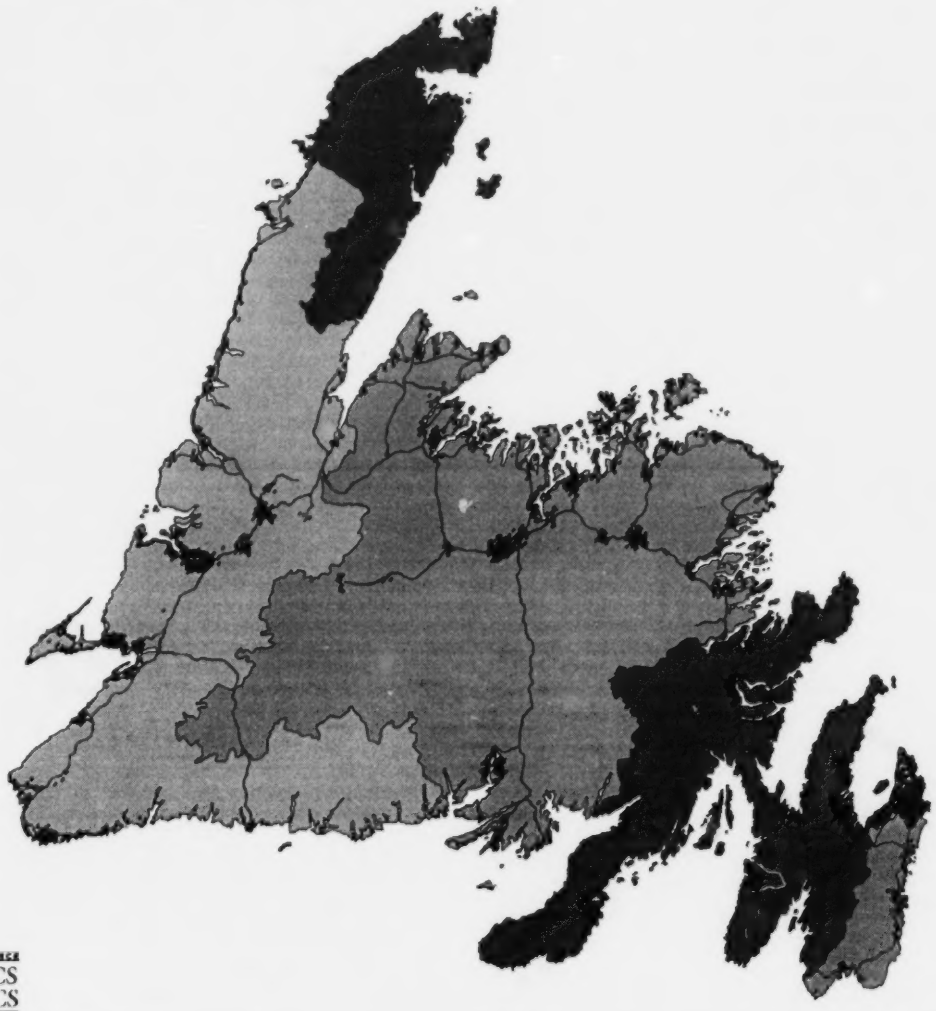


Newfoundland & Labrador Population Distribution, 2001

Health and Community Services Boards

- Health and Community Services St. John's
- Health and Community Services Eastern
- Health and Community Services Central
- Health and Community Services Western
- Grenfell Regional Health Services Board
- Health Labrador Corporation

1 Dot Represents 100 People



DEPARTMENT OF FINANCE
ECONOMICS & STATISTICS BRANCH

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Please Note

Unless otherwise specified data provided are from Department of Health & Community Services data systems.

Additional copies of this document, as well as the other Regional Profiles, can be obtained from the Government of Newfoundland and Labrador Web Site at:

www.gov.nf.ca/publicat

Foreword

Julie Bettney
Minister of Health and
Community Services

It is my pleasure to join you on October 29, 2001 in the St. John's Region to get your perspective on the current and future health and well-being of the residents in the St. John's area of this Province. It is our hope that through discussion with stakeholders in the Regions that we can begin to address the many issues facing health and community services in our Province.

The vast geography of Newfoundland and Labrador, with its many dispersed communities, provides its own particular challenge for service delivery. Residents of the St. John's Region make up nearly 35 percent of the population of the Province, distributed throughout 17 diverse communities.

Throughout *Health Forums 2001*, we are conscious that budgetary considerations are an issue for all regions of the Province, and thus, we must determine how to address this to the best advantage of all concerned. While at one time the population of Newfoundland and Labrador was the youngest in the country, it is now aging more rapidly that most other provinces. This too makes us constantly aware that we need to rethink how we provide services.

Your input into this process is very important and I would personally like to thank you for your interest and participation.

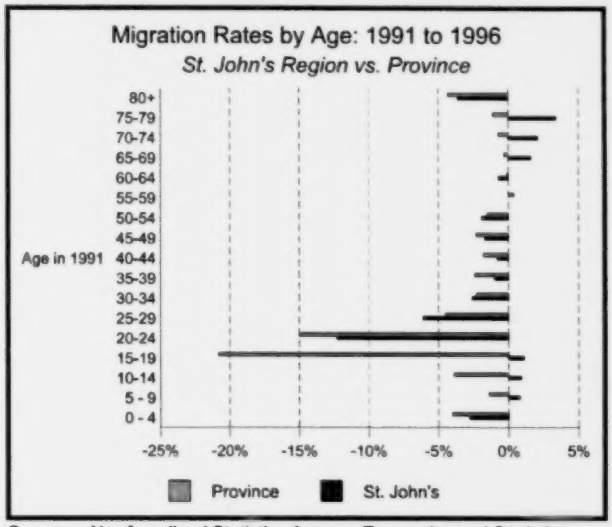
Julie Bettney, MHA
Minister of Health and Community Services

Introduction

HEALTH AND COMMUNITY SERVICES - ST. JOHN'S REGION

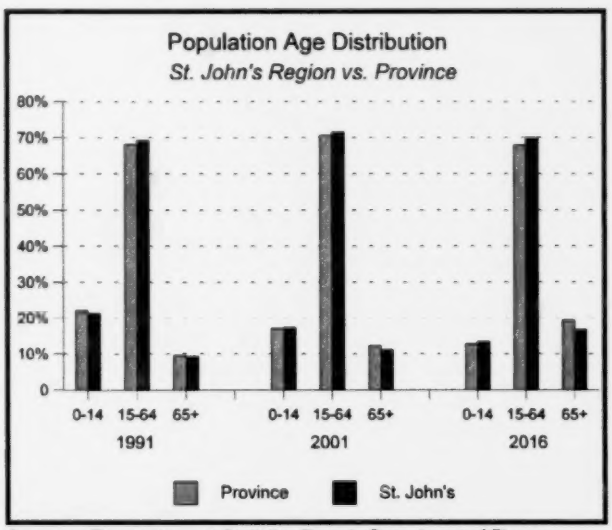
The St. John's Region runs from Conception Bay South to Seal Cove to St. Shott's.

Since 1991, the population of the St. John's Region has decreased slightly, with the current population being 183,267 (1991: 186,616) but it is anticipated that the population of the Region will grow by approximately 10,000 by 2016, to 193,145. The map on the inside front cover provides an indication of the population distribution throughout the Region, with almost 95% of residents living in the St. John's metropolitan area.



Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on information from Census of Population, Statistics Canada, as well as births and deaths information provided by the Newfoundland and Labrador Centre for Health Information.

The reasons for the population decline throughout the Province as a whole, have been three-fold: out-migration, decreasing birth rates and increasing mortality rates. While the Province as a whole is experiencing these phenomena, the effects of out-migration vary. Overall, net out-migration in the St. John's Region has been low. The birth rates in the Region are the second highest in the Province (next to Labrador) and have not dropped to the extent that they have in the other regions. Additionally, the mortality rate in the St. John's Region has not increased since 1991. Thus, resulting in only a slight population decrease in the Region.



Source: Economics and Statistics Branch, Department of Finance Medium Scenario Projections, May 2002

Unlike most regions, there has been a net in-migration between the ages of 5 and 19 and 65 and 79. The pattern for 20 to 24 year-olds however follows the Provincial pattern, with net out-migration being high between the ages of 20 and 24. Of the 20 to 24 year-olds in the Region in 1991, 12 percent of them had migrated out of the Region before they reached the ages of 25 to 29 in 1996. The St. John's Region has experienced the lowest overall levels of

net-migration in the Province and this difference is particularly notable among youth.

The St. John's Region is one of only two regions in the Province (the other being Labrador) where the overall population is predicted to increase over the next 15 years. This is due to continued economic growth, resulting in in-migration to fill new jobs in the Region, as well as positions that will become available due to retirement; coupled with continued higher birth rates and consistent mortality rates.

Another interesting element of the population breakdown is the age distribution. In the St. John's Region there is a marginally lower proportion of individuals aged 65 and over than for the Province as a whole, and this margin is predicted to increase over the next 15 years.

WHAT IS POPULATION HEALTH?

Nationally and provincially there is strong support for using a population health approach to guide the current and future direction of the health and community services (HCS) system. As an essential component of all health policy, a population health approach aims to improve the health of the entire population and to reduce health inequities among population groups. A population health approach reflects the evidence that factors outside the health care system, or sector, significantly affect health. It considers the entire range of individual and collective factors and conditions - and their interactions - that have been shown to be correlated with health status. These factors are commonly referred to as the *Determinants of Health*. Crucial to this definition is the notion that these factors do not act in isolation of each other. It is the complex interactions among these factors that have an even more profound impact on health.

The Determinants of Health:

- Health Services
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Social Environments
- Social Support Networks
- Education
- Income and Social Status
- Employment and Working Conditions
- Physical Environment
- Gender
- Culture

A population health approach recognizes that any analysis of the health of the population must extend beyond an assessment of traditional health status indicators like death, disease and disability. A population health approach establishes indicators related to mental and social well-being, quality of life, life satisfaction, income, employment and working conditions, education, and other factors known to influence health. With this in mind, this document has been prepared to provide you with a initial description of the St. John's Region from a health determinants perspective. It is hoped that this first Departmental endeavor at compiling such a broad array of relevant information will inform the *Health Forums 2001* consultations and be a useful tool in the decision-making process ahead.

Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function, contribute to population health.

STRUCTURE OF THE REGIONAL HEALTH AND COMMUNITY SERVICES SYSTEM

Three Regional Health Boards and the provincial Newfoundland Cancer Treatment and Research Foundation provide the majority of publicly funded health and community services in the St. John's Region. A small number of other organizations such as women's shelters and group homes are also publicly funded through the Provincial Health and Community Services Budget, but have separate governance structures. In addition, medical services, which include both primary care and specialist services, make up a significant portion of the health services available to residents of the Region.

The three Regional Health Boards include one acute care board, one nursing home board and one health and community services board, in addition to the Cancer Treatment and Research Board. The three regional boards are responsible for the delivery of services to all parts of the Region, although the acute care board, The Health Care Corporation of St. John's, has additional provincial responsibilities. The Newfoundland Cancer Treatment and Research Foundation also has a provincial mandate.

The Health Care Corporation of St. John's operates six facilities in the Region, including four hospitals, one health centre and one long-term care centre. The Board is responsible for 801 acute care beds and 258 long-term care beds. In the fiscal year 1999/00, the Corporation managed 30,533 admissions/discharges and over 126,000 emergency visits. Two thousand, three hundred and four babies were born at hospitals under the Corporation.

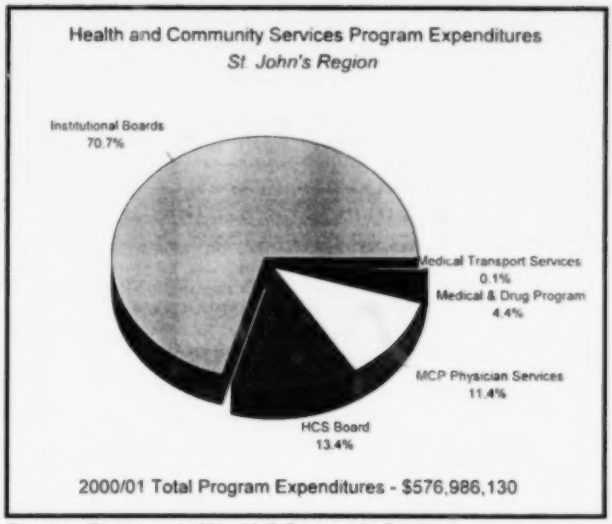
The St. John's Nursing Home Board operates six nursing homes in the St. John's Region. It manages a total of 1,000 long-term care beds and provides a variety of programming within the organization. There is also one private nursing home in the metro area, Chancellor Park, that provides long-term residential accommodations.

Health and Community Services - St. John's is the community-based board with offices in eight communities throughout the Region. It offers a broad range of community health and services programming, primarily delivered by social workers, nurses and other allied health professionals such as nutritionists and occupational therapists. A more comprehensive overview of the services and facilities in the St. John's Region can be found on the previous pages seven and eight of this document.

Primary care medical services are provided by approximately 172 family doctors throughout the Region. Specialized medical services are provided by approximately 302 specialists.

THE COST OF HEALTH AND COMMUNITY SERVICES IN THE ST. JOHN'S REGION

Within the St. John's Region, the total expenditures in health and community services were $576,986,130. This represents approximately 46 percent of the Province's total regional health and community services program expenditures.



Source: Department of Health & Community Services

When the expenditure breakdown is examined, a number of issues emerge for further consideration. As with other regions of the Province, the cost of institutional care accounts for the majority of program spending. In the St. John's Region this amounts to almost 71 percent of program dollars, which is higher than the provincial figure of 62 percent. This is not surprising given that all provincial programs are included in the Region's expenditures, in addition to many tertiary care programs. Additionally, during 1999/00 40 percent of the common surgical day procedures carried out in the Region were on residents from other regions of the Province. Almost 29 percent of the selected admissions/discharges occurring in the Region during the same year were also to individuals from outside the Region.

A number of factors have been identified both provincially and nationally as significant contributors to rising costs in the health sector. The St. John's Region is impacted by these realities as well. The cost of technology, pharmaceuticals and identified programs such as home support, put major pressure on a system that is struggling to deliver quality services. The ability to provide the level of programming needed to address the demand throughout the St. John's Region and the Province as a whole, has been a challenge for the health and community services system.

HEALTH AND COMMUNITY SERVICES SECTOR ACTIVITY IN THE ST. JOHN'S REGION

Although it is difficult to accurately measure the type, level, and quantity of services delivered in the St. John's Region, the following information provides us with some useful knowledge about our health and community services system. While most of the material provided applies to the institutional sector only, efforts are ongoing to develop data collection systems for community programming areas.

The Health Care Corporation of St. John's is active from both an inpatient and outpatient perspective. In addition to approximately 31,000 admission/discharges and busy emergency departments, the organization performed over 9,400 outpatient operating room visits during the 1999/00 fiscal year.

Health Care Corporation of St. John's Facilities

The General Hospital Health Sciences Centre
- St. John's
- 378 acute care beds

- General Surgery
- Internal Medicine
- Critical Care
- Cardiac Care
- Burn Unit
- Neurosurgery
- Plastic Surgery
- Obstetrics & Gynecology
- Psychiatry

St. Clare's Mercy Hospital
- St. John's
- 232 acute care beds

- General Surgery
- Internal Medicine
- Ophthalmology
- Orthopedics
- Palliative Care
- Ambulatory Care

Janeway Children's Health & Rehabilitation Centre
- St. John's
- 91 acute care beds

- General Surgery
- Internal Medicine
- Neonatal Intensive Care
- Psychiatry
- Ambulatory Care

The Dr. Leonard A. Miller Centre Centre
- St. John's
- 136 long-term care beds

- Assessment
- Acute Rehabilitation
- Convalescence
- Veterans Unit

The Waterford Hospital
- St. John's
- 92 acute care beds
- 110 long-term psychiatric beds

- Acute Adult Psychiatry
- Geriatric
- Forensic Maximum Security
- Developmentally Disabled Unit

The Dr. Walter Templeman Health Centre
- Bell Island
- 8 acute care beds
- 12 long-term care beds

- Primary Care
- Emergency
- Outpatient
- Lab and X-Ray
- Long-term Care

St. John's Health and Community Services Board Programs & Services

Health Promotion and Protection
- Communicable disease control & follow-up
- Disease prevention
- Immunization
- Environmental health
- Parent-child health
- School health
- Adult health

Community Mental Health
- Children and Family
- Adult

Addiction Services
- Prevention
- Treatment
- Education

Child Youth and Family Services
- Child protection
- Adoptions
- Child care services
- Community correction
- Intervention services

Community Support Services
- Assessment and placement
- Continuing care
- Home support services
- Residential services
- Personal/Community care homes
- Special assistance for supplies/equipment
- Palliative/Respite Care

St. John's Region Quick Facts

- Population: 183,267
  - 0-14: 17.3%
  - 15-64: 71.5%
  - 65+: 11.2%
- 8 HCS Offices/Clinics in 8 communities
- 801 Acute Care Beds
  - Comprising approx. 48% of all acute care beds in the Province
- Average Length of Stay: 8.5 days
- 1,258 Long-Term Care Beds
  - Comprising approx. 44% of all long-term care beds in the Province
- Physicians:
  - General Practice: 172
  - Specialists: 302
- Nurses: 2,497
- Licensed Practical Nurses: 1,082
- Laboratory and X-Ray: 277
- Social Workers: 243

ST. JOHN'S REGION HEALTH SERVICES & FACILITIES

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St. John's Health and Community Services Board Programs & Services

Health Promotion and Protection	• Communicable disease control & follow-up • Disease prevention • Immunization • Environmental health • Parent-child health • School health • Adult health
Community Mental Health	• Children and Family • Adult
Addiction Services	• Prevention • Treatment • Education
Child Youth and Family Services	• Child protection • Adoptions • Child care services • Community correction • Intervention services
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- Social Workers: 243

St. John's Nursing Home Board Facilities

St. Patrick's Mercy Home
- St. John's
- 214 long-term care beds

Long-term Care

Saint Luke's Homes
- St. John's
- 127 long-term care beds
- 54 independent living cottages

Long-term Care
Protective Care
Adult Day Program
Independent Living

The Agnes Pratt Home
- St. John's
- 128 long-term care beds

Long-term Care
Protective Care

The Salvation Army Glenbrook Lodge
- St. John's
- 114 long-term care beds

Long-term Care

Hoyles-Escasoni Complex
- St. John's
- 377 long-term care beds

Long-term Care
Protective Care
Developmentally Disabled Unit

Masonic Park Nursing Home
- St. John's
- 40 long-term care beds

Long-term Care

Newfoundland Cancer Treatment and Research Foundation Facilities, Programs and Services

The Dr. H. Bliss Murphy Cancer Centre
- St. John's

Delivers Cancer Care throughout the Province, including:
- Chemotherapy
- Radiation Therapy
- Palliative Care
- Nutrition Counselling
- Research

Regional Cancer Programs
- St. Anthony
- Corner Brook
- Grand Falls-Windsor\
- Gander

Regional Cancer Clinics
- Burin
- Labrador City
- Happy Valley-Goose Bay

Chancellor Park
- St. John's
- 188 long-term care beds

Long-term Care

A closer analysis of the most common outpatient surgeries highlights a number of interesting observations. Residents of the St. John's Region underwent over 8,000 surgical procedures, not all of which were performed at facilities in the Region. Individuals who reside outside of the St. John's Region underwent over 5,000 surgical procedures at facilities in the St. John's Region.

Common Surgical Day Procedures (1999/00)
Performed on Residents of the St. John's Region

	Males		Females	
Endoscopy (*non-operative*)	1756	47.9%	1912	52.1%
Lens Extraction	243	33.0%	494	67.0%
Heart/Pericardium Procedure	277	69.3%	123	30.8%
Skin Excision	355	41.8%	494	58.2%
Invasive Diagnostic Procedure	683	44.5%	851	55.5%
Myringotomy	291	55.4%	234	44.6%
D & C of the Uterus	-	-	436	100.0%

Source: Newfoundland & Labrador Centre for Health Information

Residents of the St. John's Region

For the seven most common surgical day procedures, comprising a total of 8,149 surgical interventions, 8.3 percent were performed on individuals under the age of 20 years. Of that number, the vast majority (69.1%) related to the insertion of tubes in the ears (myringotomy). A slightly higher number of males (361 or 53.2%) below the age of 20 underwent these procedures than females.

Adults between 20 and 64 years of age were the recipients of 62.5 percent of all procedures. The four most common procedures for this age group were endoscopy (48.7%), invasive diagnostic procedures (22.8%), excision of the skin (11.6%) and D & C (8.1%). More females than males (59.4% versus 40.6%) underwent these procedures overall.

Individuals 65 years and over experienced 29.2 percent (2,380) of these procedures performed on residents of St. John's Region. Most commonly, older adults underwent endoscopy (48.8%), lens extraction - cataracts (25.5%) and invasive diagnostic procedures (14.0%). A slightly higher percentage of females than males (50.4% versus 49.6%) in this age category underwent these procedures.

Procedures Performed in the St. John's Region on Residents From Outside the Region

When the same surgical day procedures are examined for individuals from outside of the St. John's Region who underwent their procedure at facilities in the Region, similar trends are seen. A total of 5,431 surgical day procedures were performed on residents from other regions. This represents 40.0

Common Surgical Day Procedures (1999/00)
Performed on Residents from Outside the St. John's Region

	Males		Females	
Endoscopy (*non-operative*)	1144	50.1%	1141	49.9%
Lens Extraction	181	34.4%	345	65.6%
Heart/Pericardium Procedure	618	70.0%	265	30.0%
Skin Excision	142	43.6%	184	56.4%
Invasive Diagnostic Procedure	365	46.7%	417	53.3%
Myringotomy	310	62.4%	187	37.6%
D & C of the Uterus	-	-	132	100.0%

Source: Newfoundland & Labrador Centre for Health Information

percent of the total of the seven procedures (residents plus non-residents).

Children under the age of 20 years experienced the fewest outpatient surgeries (11.1%). Myringotomies, or the insertion of tubes in the ears, accounted for 76.0 percent of the procedures in this age group. Males underwent more procedures than females (58.1% versus 41.9%).

Adults between 20 and 64 years of age received 59.0 percent of all surgical day procedures. The most common procedures for this age group were: endoscopy (47.9%), heart/percardium (18.8%) and invasive diagnostic procedures (18.3%). Females underwent more procedures than males (53.0% vs. 47.0%).

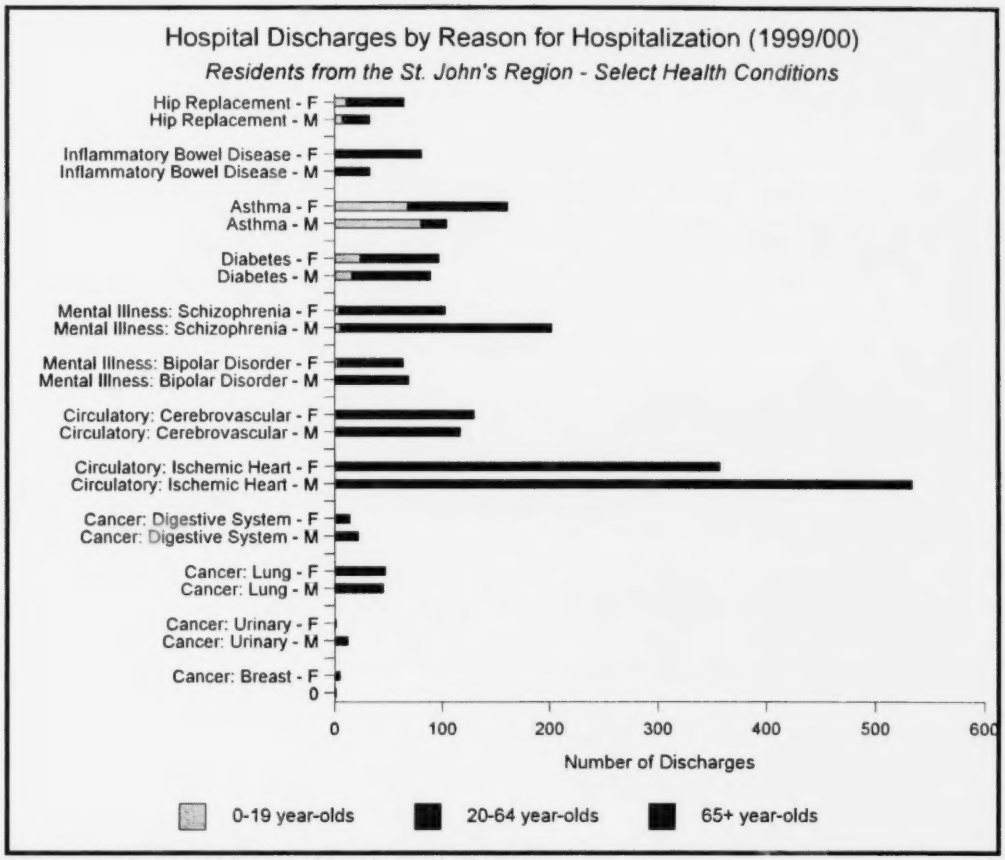
Individuals 65 years of age and older experienced 30.0 percent of the day procedures performed on residents from outside the St. John's Region. Most commonly, older adults underwent endoscopy (31.7%), lens extraction-cataracts (18.7%), heart/pericardium (17.1%) and invasive diagnostic procedures (10.2%). A slightly higher percentage of males than females (51.9% versus 48.1%) in this age category underwent these procedures.

When hospitalization patterns for a range of common health conditions are explored a number of interesting trends emerge. The following sections will provide a comparison of the hospitalizations experienced by residents of the St. John's Region and those residents from outside the Region who were hospitalized at facilities in the capitol region.

Residents of the St. John's Region

Residents of St. John's Region experienced 2,386 hospital admissions/discharges for the range of conditions examined. The majority of these were experienced by individuals in the middle age range (50.1%), with males outnumbering females (57.2% vs. 42.8%). Adults age 65 years and older underwent 40.6 percent of these hospital stays, while children under 20 years of age experienced less than 10%. In total, males were more often hospitalized than females (52.8% vs. 47.2%).

Circulatory disorders accounted for nearly one-half of all hospitalizations. Of that number, over 60% were experienced by older adults. Mental illness was the next most frequent cause of hospitalization, at 18.4 percent. Adults in the middle age category were most commonly admitted for this condition (90.4%), with males outnumbering females (61.9%). The diagnosis of asthma accounted for 11.1 percent of all of these hospitalizations. This was the only condition where the majority of those admitted/discharged were under 20 years of age (55.9%). Females were hospitalized more often than males (60.8%). Diabetes was the cause of 7.8% of these hospital stays (186 admissions/discharges). This disorder was dispersed among all age groups (21.5%, 52.7% and 25.8%) and was slightly more often associated with females (52.2%).



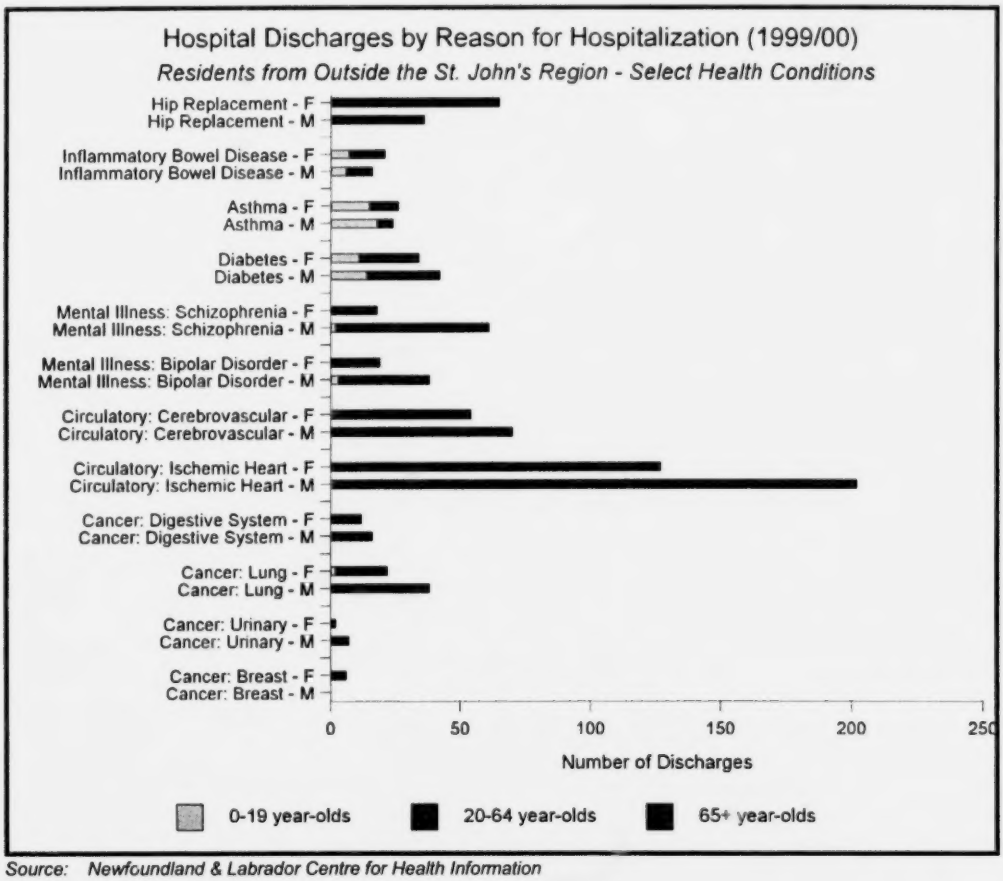
Source: Newfoundland & Labrador Centre for Health Information

In summary, older adults from the St. John's Region most frequently experienced hospitalization for circulatory disorders, cancer and total hip replacement. Adults in the middle age catgeory were most commonly hospitalized for mental illness, inflammatory bowel disease and diabetes. Males were more commonly hospitalized for circulatory disorders, cancer and mental illness (57.2%, 54.4% and 61.9% respectively) and females for diabetes, asthma, total hip replacement and inflammatory bowel disease (52.2%, 60.8%, 71.1% and 66.3%).

Admissions/Discharges Occurring in the St. John's Region to Residents From Outside the Region

Individuals living outside the St. John's Region experienced 956 admission/discharges in St. John's regional facilities for the range of selected health conditions examined. This represents 28.6 percent of the combined admissions/discharges for residents of the Region and those from other regions. For individuals from outside the St. John's Region, adults in the middle age range experienced the majority of hospitalizations (53.8%). Of that number, the larger proportion were male (59.9% vs. 40.1%). Adults age 65 years and older underwent 37.9 percent of these hospital stays, while children under 20 years of age experienced 8.4

percent. Males from outside the Region were more commonly admitted than females in all age categories (57.5% overall).



Source: Newfoundland & Labrador Centre for Health Information

Circulatory disorders accounted for nearly one-half (47.4%) of all these hospitalizations. Of that number, 52.6 percent were experienced by adults in the middle age category. Mental illness was the next most frequent cause of hospitalization at 14.2 percent. Adults in the middle age range were also most commonly hospitalized for this condition (83.8%) with males outnumbering females (72.8%). Cancers accounted for 10.8 percent of these hospital stays, with the majority of that number being adults in the middle age range (51.5%). Total hip replacement also accounted for just over 10 percent of all these hospitalizations. Older female adults were the most frequent recipients of this procedure (44.6%). Asthma was the diagnosis in 5.2 percent of these hospital admissions/discharges. This was the only condition where the majority of patients was under 20 years of age (66.0%).

In summary, adults in the middle age range most frequently experienced hospitalization for circulatory disorders, mental illness, cancer, diabetes and inflammatory bowel disease. Males outnumbered females in all disorders except inflammatory bowel disease. These trends are somewhat different than those seen in the hospitalization patterns for residents of the St.

John's Region. Admissions/discharges from outside the Region are more likely to be younger and male than those from within the Region.

The publicly funded immunization programs in Newfoundland and Labrador include childhood and adult immunizations. Childhood vaccines protect against tetanus, diphtheria, polio, whooping cough, haemophilus influenzae B, measles, mumps and rubella (DPTP/Hib & MMR) in a series of six visits between the ages two months and five years. School programs include hepatitis B and a booster for tetanus in Grade Four, and diphtheria and whooping cough (TdaP) in Grade Nine. Since 1999, Level 2 students have been receiving a second dose of measles, mumps, and rubella vaccine. Adult immunizations protect against influenza and pneumococcal disease. These immunization programs are provided by community health nurses and physicians in all six regions of the Province and continue to obtain excellent coverage.

Immunization Coverage Rates

	DPTP/Hib & MMR		**Hepatitis B**	
	St. John's	*Province*	*St. John's*	*Province*
1995	98.0%	98.7%	96.0%	96.7%
1996	98.0%	98.6%	n/a	94.0%
1997	99.0%	98.8%	93.1%	97.4%
1998	98.4%	98.2%	94.7%	96.3%
1999	98.4%	98.0%	98.3%	96.9%

Source: Department of Health & Community Services

A number of other indicators can be used to assess various aspects of the system. As we move to providing more and more acute services in an ambulatory setting, one indicator that provides some direction for these decisions is known as 'May Not Require Hospitalization' (MNRH). This indicator, the percentage of cases classified as MNRH, is used to flag diagnoses where treatment may be provided on an outpatient basis. It is a useful screening tool that alerts an organization when a review of admissions/discharges may be in order to identify opportunities for more appropriate utilization. Calculation of this percentage for the Province as a whole reveals that 11.4 percent of hospital admissions/discharges were categorized as MNRH in 1999. This percentage dropped slightly in 2000 to 11.1 percent. Results for residents of the St. John's Region were somewhat lower than that of the Province as a whole, with 9.7 percent of all admission/discharges flagged for further study. Of that figure, 7.6 percent of the MNRH admissions/discharges occurred in facilities in the St. John's Region, with 2.1 percent occurring in facilities outside the Region.

Another measure of institutional system performance is reflected in the length of time an individual remains in hospital for specific conditions. National guidelines have been established for many common medical diagnoses, and the length of stay for each individual is measured against this standard. Results for 1998/99 indicate that patients in this province remain in hospital for almost one day longer than would be anticipated as necessary for the condition. This figure is similar for residents of the St. John's Region, with individuals remaining hospitalized for one day longer than the standard time.

HUMAN RESOURCE ISSUES

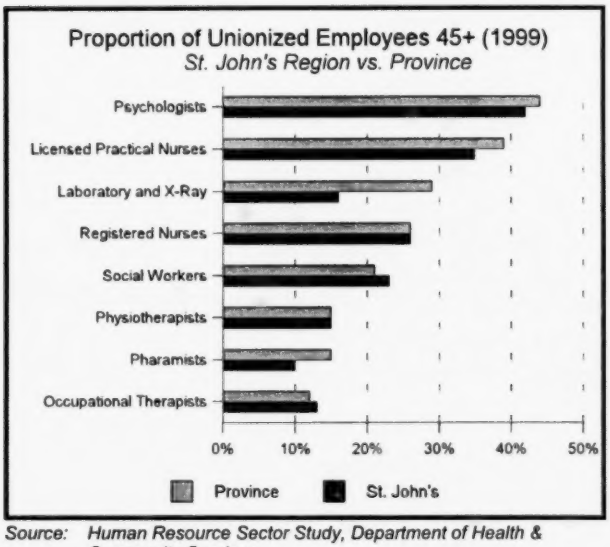
The human resource component of the health and community services system in the St. John's Region reflects many important characteristics of the system as a whole. Nurses make up the largest group of professionals and are essential in nearly every aspect of the health and community services system.

Selected Front-line (Unionized) Employees (1999)

	St. John's	Province
Nurses	2497	4711
Social Workers	243	556
Pharmacists	39	72
Occupational Therapists	68	96
Physiotherapists	61	89
Psychologists	40	52
Laboratory and X-Ray	277	645
Licensed Practical Nurses	1082	2526

Source: Human Resource Sector Study, Department of Health & Community Services

As with the rest of the Province, there is a concern that the nursing workforce is aging without adequate reserves to minimize the impact of significant retirements. The percentage of both older nurses and older licenced practical nurses in the St. John's Region closely reflects the provincial situation, at 26 percent and 35 percent, respectively. For professions such as social work and occupational therapy, however, the situation is even more critical. In the St. John's Region these groups have an older workforce than is experienced in the Province as a whole. There are also some clear gaps in the human resource supply for a number of program areas. This limits the system's ability to deliver an adequate level and range of services. The low number of psychologists and physiotherapists, amongst others, poses many challenges for the health and community services system, as well as for those seeking services. This is a long standing and unresolved situation that is experienced in different ways in all regions of the Province.



Source: Human Resource Sector Study, Department of Health & Community Services

Number of Physicians (March 2000)

	St. John's		Province	
General Practice	172	36%	432	47%
Specialists	302	64%	480	53%
Total	474	100%	912	100%

Source: Department of Health & Community Services

There are approximately 474 practicing physicians in the St. John's Region. This represents 52 percent of the total number of doctors in the Province. The proportion of general practitioners to specialists in the St. John's Region is different from that of the Province as a whole, with a lower percentage of general practitioners compared with specialists.

Given that the majority of specialized complex care is provided in the capitol region, this split may be a necessary one.

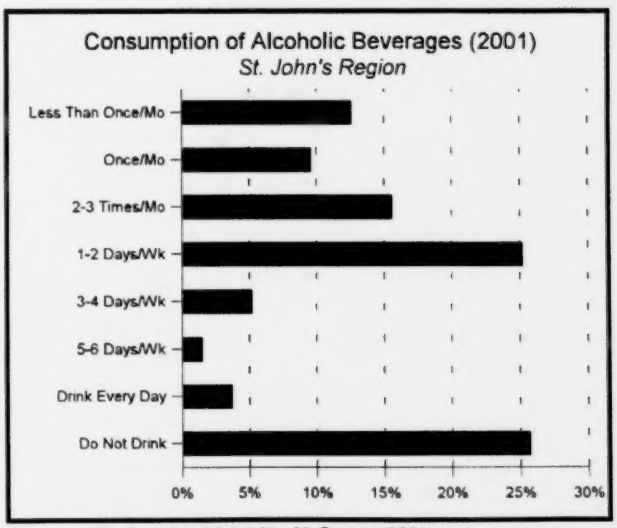
Personal Health Practices and Coping Skills

Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socioeconomic experience to vascular conditions and other adverse health events.

One's personal habits in areas such as smoking, drinking, eating, and routine exercise have been shown to have a significant impact on one's health. Results of the Newfoundland Adult Health Survey (2001), which surveyed individuals age 18 and over in four regions of the Province (except Grenfell and Labrador, due to response burden), provide us with some insight into these areas. Results for the St. John's Region were similar to those in other regions in all of these areas except in the area of alcohol consumption.

When asked about their smoking habits, 25 percent of respondents from the St. John's Region reported that they were currently smoking, with 18 to 34 year-olds being among the highest. Females between the ages of 25 and 34 were just as likely to smoke as males, while females between the ages of 18 and 24 and over the age of 54 were less likely to smoke, and those between the ages of 35 and 54 were more likely to smoke. Overall, males were also more likely to have smoked in the past.

Overall, residents of the St. John's Region were more likely to drink alcoholic beverages than residents of the other regions surveyed. Major gender differences were seen in reported drinking in the Region, as with the other regions, with females being much more likely to report that they did not drink (35.4% vs. 15.7%). While this difference was evident in all age groups, it was most pronounced among those age 55 or older, and overall likelihood of drinking decreased with age for both genders. For those who reported drinking, most were likely to drink between two to eight times a month or less than once a month. When questioned about the amount they drink per day, 51 percent



Source: Newfoundland Adult Health Survey, 2001
Government of Newfoundland & Labrador

of those who drink alcoholic beverages reported that when they do drink, they drink only one or two drinks a day, while 25 percent drink three or four per day and 20 percent were heavy drinkers, drinking five or more drinks per day. While individuals in the St. John's Region were more likely to drink, those who reported drinking were less likely to be heavy drinkers.

Routine physical activity has consistently been shown to be one way that people can achieve better overall health. Research by the Canadian Fitness and Life-styles Research Institute has found that approximately 60 percent of Newfoundlanders and Labradorians are inactive. While this has improved since 1981, when the figure was 86 percent, it is still a concern for the Province. Two out of three people in this Province are still not active enough to realize health benefits. Women are not as active as men and there is still an alarming incidence of childhood obesity all across Canada. Inactivity also decreases with higher levels of education and income. Four groups have been identified across Canada as being most at risk from inactivity: the poor, people of aboriginal/indigenous ancestry, children, and women.

The Newfoundland Adult Health Survey (2001) also looked at one's body mass index (weight/height). In the St. John's Region, like in the other regions, males (46.2%) are more likely to be overweight than females (30.7%), but, overall, residents of the St. John's Region are less likely to be overweight than residents in the other regions surveyed. While incidence of being underweight is low (4.9% overall), females are slightly more likely to fall in this category than males. Traditionally the percentage of individuals overweight in this Province has been the second highest in the country. Given the low activity levels, the number of persons overweight, and our aging population, it is not surprising that we have the highest rates of death due to circulatory disease in the country.

One other area where one's personal practices can have an effect on one's health is in the area of sexually transmitted diseases. Chlamydial infections are the most commonly reported sexually transmitted disease. Although the number of cases in the Province appear to have declined in the mid 1990's, they seem to be on the rise again. It is difficult to determine though whether this is due to increased testing by physicians or actual increased incidence. Most cases reported are among females between the ages of 15 and 24. Incidence of gonorrhoea has become minimal and syphillis has disappeared in recent years.

Since HIV reporting began in 1984, 205 (158 male and 47 female) cases of infection have been registered across the Province. Of these, 82 (64 male and 18 female) have developed AIDS. While there was a significant increase in HIV/AIDS in the early to mid 1990's, there appears to have been somewhat of a decline in the past few years. Most cases fall in the category of 'men who have sex with men', with 'heterosexual activity' coming in second. Of the 82 AIDS cases reported to date, 60 (51 male and 9 female) have resulted in death.

Healthy Child Development

The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills and competence is very powerful. Children born in low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.

Currently children under the age of 15 make up approximately 17 percent of the population of the Province (17.3% for the St. John's Region). There are approximately 89,500 children under the age of 15 in the Province, with 31,727 living in the St. John's Region. During 2000 there were 1,826 babies born to mothers from the St. John's Region and 4,847 in the Province as a whole.

When discussing an issue such as healthy child development it is hard to ignore the incidence of children in families on Income Support. During 2000, over 13,305 families in the St. John's Region received Income Support at some point during the year. Over the past ten years, both the percentage of families on Income Support with children, and the total number of children on Income Support has dropped. In 1991 there were 9,705 children in 5,415 families on Income Support, compared to 8,015 children in 4,935 families in 2000, but the vast majority of this change can be accounted for by the overall drop in the number of children in the area, and across the Province as a whole.

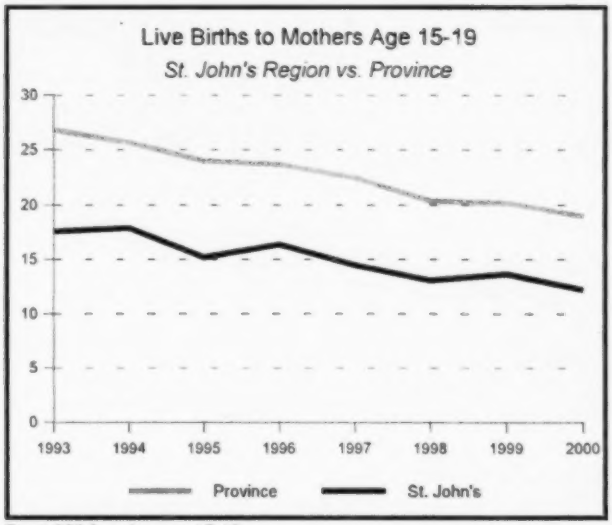
A valuable service offered to families in this Province are the federally and provincially funded Family Resource Program sites located across the Province. These Programs focus on the promotion of well-being, emphasizing healthy child development and family functioning. Currently, there are 74 government funded Programs (including satellite sites) across the Province, with 14 of them being located in the St. John's Region. Research has also shown that access to regulated child care increases the likelihood of healthy child development. The Province currently has 133 licensed child care centres (with 5 or more spaces), which provide space for a total of 4,500 children full-time (or more part-time). Eighty-four of these licensed centres are located in the St. John's Region, providing space for 3,500 children full-time. The majority of the full-time spaces in child care centres are occupied by children under the age of five. There are currently 24,603 children under the age of five in the Province, with 8,884 in the St. John's Region.

The Child Youth and Family Services Act, proclaimed in January 2000, reflects a cultural shift in service delivery practices. Although the safety of the child remains paramount, new ways of intervening promote early intervention and greater emphasis on prevention activities. During 2000, there were 6,549 children under the age of 16 who received some form of protective intervention service because they were vulnerable to abuse and violence. Just under 49 percent were female. In addition, residential placements were provided for approximately 900 children and youth. This includes the 228 children in continuous custody (i.e. permanent care), 302 youth over the age of 15 (who signed voluntary care agreements) and the remainder, 370, who were temporarily placed for short periods but are now back with family.

For the same period in the St. John's Region, 2,950 children (50% female and 50% male) received protective services, which represents 45 percent of the provincial total. As well, for those receiving residential services, 102 children were in continuous custody and 160 were youth with voluntary agreements.

Children born to teenage mothers are at higher risk for any number of difficulties. Pregnancy during the teen years disrupts educational achievement for the young mother and places her in jeopardy of low educational outcomes, poverty, and other forms of social exclusion. Adolescent motherhood is also associated with lone parenting, which often brings its own set of challenges.

The St. John's Region has had, and continues to have, the lowest rate of births to teenage mothers in the Province. Although there has been a steady decrease in the number of children born to mothers age 15 to 19 (and very few births to mothers less than age 15) much of this can be accounted for by the declining number of 15 to 19 year-olds in the population as a whole. With this taken into account, a slight decline in the proportion of females age 15 to 19 having children is still evident. It should also be noted that this trend is not restricted to teenage mothers. The overall birth rate for the Region, and Province, is also declining.



Per 1,000 females age 15-19

Source: Live Birth Notification System, Newfoundland & Labrador Centre for Health Information

Babies born to teenage mothers tend to have lower birth weights than those born to older mothers. Babies born less than 2,500 grams (or 5.5 lbs.) can have a number of health concerns and these health concerns may sometimes result in death. Provincially, the overall incidence of low birth weight babies has been decreasing since 1993, with the rate in St. John's (51.7/1,000 live births) being similar to that of the Province as a whole (49.5/1,000).

Biology and Genetic Endowment

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socioeconomic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

The National Population Health Surveys have shown that there is a link between family history and heart disease. They have found that people over the age of 20 are more likely to be diagnosed with heart disease if they have a family history of the disease.

Diseases of the circulatory system are a major concern in this Province, as they are the leading cause of death by disease and Newfoundlanders and Labradorians have the highest death rates due to diseases of the circulatory system in the country. The rate of deaths due to diseases of the circulatory system has been relatively constant since 1986, with males being generally more likely to die due to this cause than females. Rates of death due to neoplasms (cancers) have been steadily increasing since 1986 and the rate of death for males has continued to be much higher than for females. While rates of death due to diseases of the respiratory system have been fairly consistent in the Region, males also continue to be more likely to die of this disease. Over the 12-year period from 1986 to 1997, the rate of death due to endocrine and immunity diseases was fairly constant.

Leading Causes of Death by Disease (1998)
Rates per 100,000 population

	St. John's		Province	
	M	F	M	F
Diseases of the Circulatory System (includes heart attacks, stroke, etc.)	384	348	343	300
Neoplasms (Cancers)	291	239	225	175
Diseases of the Respiratory System	81	76	80	53
Endocrine & Immunity Diseases (includes diabetes)	41	38	32	38

Source: Newfoundland & Labrador Centre for Health Information

According to the Adult Health Survey (2001), incidence of self-reported chronic health conditions are somewhat different in the St. John's Region than in the other regions surveyed, with residents of the St. John's Region being less likely to have two of the more common conditions; arthritis/rheumatism (23%) and high blood pressure (15%). Incidence of the other more common conditions, recurring backaches (20%) and allergies (21%), was similar to that of the other regions surveyed. The 1996/97 National Population Health Survey found that Newfoundlanders and Labradorians have the second highest self-rated health status in the country, with 26 percent rating their health as excellent and 65 percent rating their health as good or very good. However, life expectancy remains among the lowest in the country (NF: 77.7 years at birth, Canada 78.6 years at birth). As is the case across the country, women (80.5 years) in the Province tend to live longer than men (75.0 years).

According to Statistics Canada's Health and Activity Limitation Survey (1991), ten percent of the population (approx. 57,953 people) of Newfoundland and Labrador has some form of physical or mental disability. This rate is highest among individuals over age 65 (41.4% or approx. 23,086 people). As of 1991, 97.5 percent of individuals under the age of 65 with disabilities were residing in households (2.5% were residing in institutions) compared to 85.6 percent for those age 65 or older (14.4% were residing in institutions). As a result of de-institutionalization, persons with disabilities now receive supports allowing them to reside in the community.

Social Environments

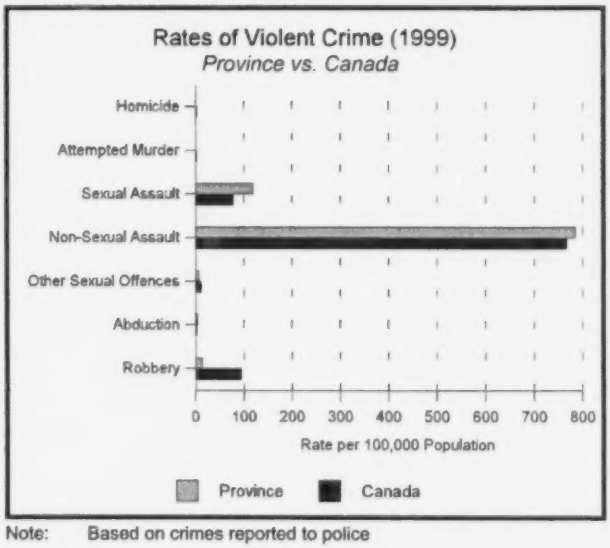
The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.

Results from the 1996 census provide us with a profile of the family characteristics throughout the Region and the Province. Family sizes in this Province tend to be small with two-person families comprising 36.8 percent of all families, three-person families at 26.2 percent, four-person families at 25.8 percent, and five or more person families comprising only 11.1 percent. This trend is also reflected in the St. John's Region. The vast majority of families in Newfoundland and Labrador continue to be husband-wife families, with almost 90 percent of them being married. Lone-parent families comprise 13.1 percent of all families in the Province and 16.9 percent in the St. John's Region, with the majority having only one child.

Income Support statistics indicate that while the proportion of households headed by youth under the age of 25 availing of Income Support has continued to decrease over the last several years, nearly 20 percent continue to be headed by youth. (Note: a household may contain only one individual.) As a result of the new Child, Youth and Family Services Act, the Health and Community Services and Integrated Boards also have legislative authority to enter into agreements to provide services to youth age 16 and 17. In Newfoundland and Labrador there are 303 youths in receipt of residential services to live independently (160 in St. John's) and 28 who continue to live at home (17 in St. John's), but receive intervention services.

Incidence of crime, especially violent crime, in an area also affects one's health and well-being. Newfoundland and Labrador continues to have the lowest overall crime rate in the country and the fourth lowest rate of violent crime; behind Quebec, Prince Edward Island, and Ontario. While the Province continues to have low rates of homicide, attempted murder, abduction, and robbery, our assault rate is higher than the national average. This is particularly noticeable when it comes to sexual assaults.

During 2000/01, there were 661 incarcerations from Provincial Courts in



Note: Based on crimes reported to police

Source: Canadian Crime Statistics, 1999, Statistics Canada. Catalogue no. 85-205-XPE.

the St. John's Region. The rate (4.3 per 1000 population) of incarcerations was somewhat higher than that of the Province as a whole (3.0 per 1000). Youths aged 15 to 24 comprised 26.5 percent (NF: 27.3%) of all incarcerations, while individuals over the age of 54 accounted for 5.3 percent (NF: 5.8%).

Social Support Networks

Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.

Newfoundlanders and Labradorians are among the most generous and caring in the country when it comes to donating their time and money. According to Statistics Canada's recently released document, *Caring Canadians, Involved Canadians,* the residents of this Province lead the country in volunteer hours, with the average volunteer giving 206 hours of their time annually; compared to a national average of 162 hours. Provincially, 31 percent of the population gives of their time to volunteer activities. This again, is higher than the national average of 26.7 percent. Additionally, eight out of ten Canadians reported that they contributed time, on their own, to assist people outside their household with basic activities such as: shopping, driving to appointments or stores, housework, baby-sitting and doing home maintenance or yard work for others.

What is of concern, is that between 1997 and 2000 there was a notable decrease across the country in the number of individuals volunteering, while those volunteering were giving more hours. This may have some considerable implications for the future of a province, such as ours, that has relied heavily on unpaid supports both within and outside of the family. It is already apparent that it is difficult to recruit new volunteers and those who are volunteering are stressed to the limits. This needs to be taken as a caution to not take volunteer support for granted, assuming that we can count on a sustainable volunteer base into the future, and to be cautious that our volunteers are not taking on too much and, as a result, jeopardizing their own health and well-being.

According to the National Advisory Council on Aging, relatives and friends provide between 75 and 80 percent of all personal care in Canada. The vast majority of these caregivers are women and a large number are over the age of 60. The health system has always depended on these informal caregivers to provide a certain amount of care and they are an integral part of our communities. Again, the concern is that these people are getting older and are often taking on too much.

In addition to social supports received through one's family and friends, people often receive comfort and support through being a member of an organization or group. Like Canadians in general, just over 50 percent of Newfoundlanders and Labradorians aged 15 and older are

members of an organization or group. These groups often play a vital role to people, especially in times of stress, and serve to strengthen communities as a whole.

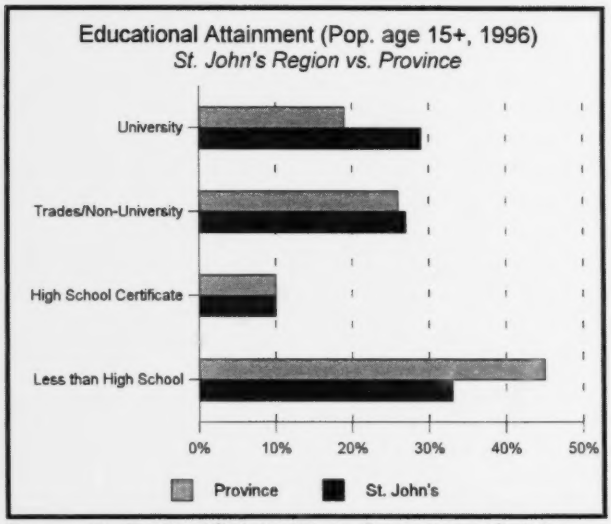
Education

Health status improves with level of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances - key factors that influence health.

The secondary school system in the St. John's Region consists of primarily the Avalon East School District. The Region also has one school in St. John's operated by the Conseil Scolaire Francophone Provincial, five private schools (4 in St. John's and 1 in Mt. Pearl), and the Newfoundland School for the Deaf. The St. John's Region has 69 public schools and five private schools. The Region also has a vast number and variety of post-secondary education facilities. Memorial University of Newfoundland operates two campuses in the Region: the St. John's Campus and the Fisheries and Marine Institute of Memorial University. The public college, the College of the North Atlantic, has four campuses in the Region: the Prince Phillip Drive and Topsail Road campuses and Engineering Technology Centre in St. John's, and the Seal Cove campus. Additionally, the Region has two of the three nursing schools in the Province: Memorial University School of Nursing and the Centre for Nursing Studies, both in St. John's. There are also sixteen private college campuses in the Region, operated by: Academy Canada (St. John's), Academy of Learning (St. John's), Atlantic Aviation Academy (St. John's), Atlantic Construction Training Centre (St. John's), Carpenters Training Institute (Mt. Pearl), CompuCollege School of Business (St. John's), Graduate Centre of Applied Technology (St. John's), Highland College of Trades and Technology (St. John's), Keyin Colleg (St. John's), Lawrence College (St. John's), LeMoine's School of Hair Design (St. John's), Professional Institutie of Applied Technology (St. John's), SNS Training Centre (St. John's), T & R Goldshield Security Services (St. John's), TNT Technical Services (Mt. Pearl), and U. A. Training Centre (St. John's).

High school pass rates across the Province have risen steadily from 63.5 percent in 1988/89 to 90.4 percent in 1999/2000. This represents an overall increase of nearly 27 percentage points in the last 12 years. For 1999/2000, the high school pass rate for the St. John's Region was the lowest overall in the Province, at 86.6 percent.

According to the 1996 census, 33 percent of individuals in the St. John's Region had less than a high school education. This is the lowest of all regions in the Province, being 12 percent lower than the Provincial figure. The St. John's Region also has the highest proportion of individuals with a university degree, and the highest percentage of individuals, overall, who have completed a post-secondary education program.



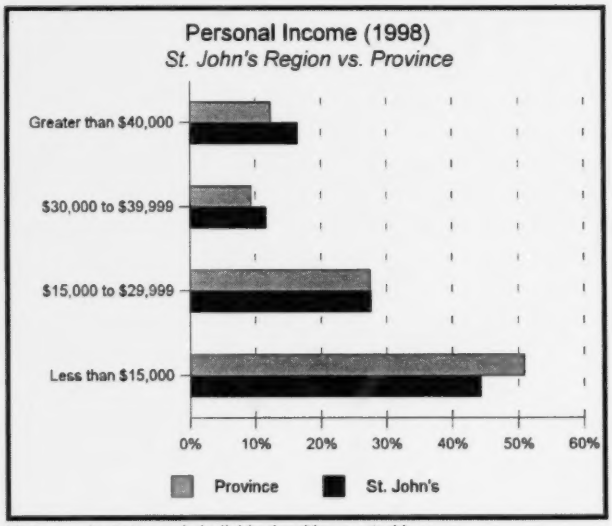
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on custom tabulations from the Census of Population, 1996, Statistics Canada.

Income and Social Status

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

Personal income in the St. John's Region is higher than that of the Province as a whole. There are lower proportions of individuals earning less than 15,000 dollars a year and higher proportions earning more than 30,000 dollars a year. One clear determinant of income level that continues to be seen is educational attainment. The higher an individual's educational attainment, the greater likelihood that they will be in a higher income bracket.

Personal income includes income obtained through the various social transfers such as: Old Age Security, Canada Pension



Note: Includes only individuals with reported income
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Plan, Child Tax Benefits, GST Credit, Employment Insurance, Workers Compensation, Income Support, and NCARP/TAGS. In 1998, 16.8 percent of the personal income in the St. John's Region was from social transfers, as opposed to 25 percent for the Province as a whole. The Region was lower than the Province as a whole in all categories, with the most notable differences in the Region being in Employment Insurance, Old Age Security, and NCARP/TAGS, tied to very low levels of seasonal employment and a younger population. Incidence of Income Support in the St. John's Region is lower than that of the Province (16.3%) as a whole, with 14.4 percent of individuals in the Region being in receipt of Income Support at some point in time during 1998.

Results of the 2001 Newfoundland Adult Health Survey indicate that people in the Region generally are not worried about having enough to eat due to lack of money, nor has this ever actually been a problem for them. Some people did indicate, however, that they did not eat the quality or variety of foods that they wanted to because of a lack of money (3.9% saying often & 10.5% saying sometimes). These results would suggest that food insecurity is not a critical problem throughout the Region.

Employment and Working Conditions

Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

According to the Newfoundland and Labrador Labour Activity Survey, the average weekly employment rate in 1999 for the working age population (18-64) in the St. John's Region was 69 percent; which is ten percent higher than the provincial average of 59 percent. Seasonality was also very minimal in the Region, with employment ranging from 66 percent in December to 70 percent during the summer. Of the working age population in the Region, 76.8 percent (NF: 72%) worked at some time during the year and only 8.9 percent (NF: 18%) collected Employment Insurance at some point during the year, with the St. John's Region having the lowest incidence of individuals, overall, who received Employment Insurance at some point during the year.

Not surprisingly, educational attainment was shown to be a major contributing factor to the employment rate, with those having completed a post-secondary program being significantly more likely to be working. The major employers in the St. John's Region were in the areas of public administration, educational services, heath care and social services, professional scientific and technical services, retail trade, and accommodation and food services.

One's age, gender, industry and occupation are all determinants of workplace injury. The average age at which a worker becomes injured in the Province is 37 and frequency of injury declines with age, while clinical severity generally increases. Work-related injuries occur at

higher rates in men. Over the 10-year period from 1989 to 1998, 69.6 percent of all lost-time claims were registered by males. During the same period, 49.3 percent of all lost-time injuries occurred in the service industry. This is not surprising given that over 60 percent of all provincial employers are classified in this category. The risk of injury is also dependent on one's occupation. The labouring profession has had the highest frequency of injury, with 12.1 percent of claims being registered by workers involved in labour and elemental work. Another interesting finding is that, in general, hourly paid employees have significantly higher rates of injury than salaried employees. Overall, the majority of claims are due to sprains and strains, primarily of the musculoskeletal origin, with the most common being back injury.

Physical Environments

Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.

The 1996 Census found a high degree of home ownership in Newfoundland and Labrador, with 77 percent of individuals owning their homes. This proportion is somewhat lower in the St. John's Region, with 69 percent owning their own homes. Not surprising, for those owning their homes, the average monthly payment (including heat, light & municipal taxes) in the St. John's Region was the highest in the Province and substantially higher than that for the Province as a whole ($684 and $469, respectively), while average monthly rental payments (including heat, light & any applicable municipal taxes) were comparable ($528 and $498, respectively).

As indicated in the previous section, the type of occupation one has and the sector one works in also are an important determinants of one's health and well-being. An individual who works in a labouring profession and/or works in the service industry may be at a higher risk of injury.

Interestingly enough, while we have made many strides to reduce exposure to second-hand smoke over the past 10 years, the Newfoundland Adult Health Survey (2001) found that 40 percent of all respondents reported that they had been exposed to second-hand smoke in the past month, with the most commonly sited location being in public places (63%). Sixty-five percent of respondents also indicated that they are bothered by smoke from cigarettes and 88 percent said they supported having a 'No smoking policy' in public places.

Undoubtedly, the quality of the drinking water in a community is a concern for residents. While people often see water advisories as a concern for their health, illnesses due to water impurities are very rare in this Province. Although there are approximately 392 water supplies that currently have boil water advisories in affect (*figures are as of September 26, 2001*), these are precautionary measures and once the water is boiled it is completely safe for consumption.

Advisories currently affect approximately 259 communities across the Province. The advisories are typically put into effect due to inadequate disinfection, inadequate chlorine levels, or unsatisfactory bacteriological test results. In the St. John's Region there are currently 23 water supplies with boil water advisories affecting 11 communities.

An additional water quality issue that affects people's drinking water is Trihalomethanes (THMs). Out of the 333 tested water supplies across the Province, 70 do not conform to Health Canada guidelines of 100 micrograms per litre for THMs, while all other chemical testing indicates very good water quality. Three of the water supplies tested with high levels of THMs are in the St. John's Region. Efforts are currently under way to mitigate against high THMs levels for the communities in which they have been identified.

Gender

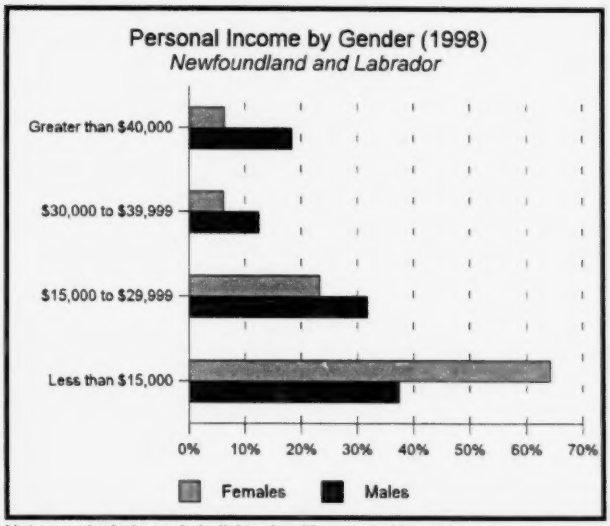
Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. Women, for example, are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.

High school pass rates continue to be substantially higher among females than males, and this remains a considerable source of concern. While the pass rate for males has risen over the past 12 years, there is still a very noticeable gap. The gender differences were similar in the St. John's Region to that of the Province in 2000, with the pass rate for females being 90.6 percent and 82.2 percent for males.

While historically, overall differences in educational attainment throughout the population were apparent between males and females, this overall difference has all but disappeared in the St. John's Region, and for the Province as a whole. However, more recent provincial data indicate that females between the ages of 25 and 39 are more likely to have completed a post-secondary education and overall, females are less likely to have very low levels of education (8 years or less). Although females have made considerable progress in the area of educational attainment, significant differences still remain in levels of income both within the St. John's Region, and across the Province as a whole. This is not specific to the Province and remains an issue of national and international concern. Significantly higher proportions of females remain in the lowest income brackets and few achieve the higher incomes. As of 1998, females continued to earn an average of 42 percent less than men. Additionally, when

one looks at employment rates in the population of the Province, woman are ten percent less likely to be employed than men. These factors have significant implications for women, especially as they enter into their pensionable years.

Women continue to be the major caregivers in our Province, both informal and formal. The large majority of front-line health professionals (nurses, social workers, and licensed practical nurses) are women and women continue to provide the vast majority of personal care through home support services and unpaid support to relatives and friends. Additionally, women live longer and may require personal care themselves for longer periods of time. This, coupled with gender differences in income and employment, may have a significant impact for the futures of women in this Province and the country as a whole.



Note: Includes only individuals with reported income
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

While the Province has a broad cultural diversity, historically, having been settled by peoples from all over the globe, English is by far the most common language spoken in homes across the Province (98.5%); with small proportions of the population speaking French (0.4%), Aboriginal languages (0.3%), Germanic languages (0.15%), Chinese (0.13%), and other languages (0.52%). The cultural diversity in this Province is more widely seen through the variety of traditions and religious practices throughout the Province.

Conclusion

The St. John's Region is a dynamic and diverse area. Although it is the main urban center for the Province, it contains a number of small rural communities that help keep it connected to its roots and sea-faring history. Its four health boards provide health and community services to a diverse population that is expected to grow over the next decade. There is much to learn from both the residents and the traditions of the Region that can be of great benefit to the entire Province. Our provincial health and community services system has been, and will continue to be, improved as a result of the participation, commitment and hard work of many individuals and organizations from this Region. The people of St. John's Newfoundland know that their continued involvement is critical to the decision making process facing the health sector today. Successful outcomes will be achieved if we all work together. If you would like to provide any further input into this process, please fell free to respond to Reaching Consensus and Planning Ahead.

References

Canadian Crime Statistics, 1999, Statistics Canada, Catalogue no. 85-205-XPE.

Caring Canadians, Involved Canadians: Highlights from the 2000 National Survey of Giving, Volunteering and Participating (2001). Statistics Canada, Catalogue no. 71-542-XIE.

Health and Activity Limitation Survey, 1991, Back-up Tables Newfoundland, Statistics Canada (Revised October 29, 1992).

Other Sources of Information

Department of Health and Community Services web Site: *www.gov.nf.ca/health*

Department of Finance:
Economics & Statistics Branch Web Site: *www.econ.gov.nf.ca*
Newfoundland Statistics Agency Web Site: *www.nfstats.gov.nf.ca*

Newfoundland and Labrador Centre for Health Information Web Site: *www.nlchi.nf.ca*

Health and Community Services - St. John's Region Web Site: *www.commhealth.nf.ca*

Health Care Corporation of St. John's Web Site: *www.hccsj.nf.ca*

St. John's Nursing Home Board Web Site: *www.sjnhb.nf.ca*

Newfoundland Cancer Treatment & Research Foundation Web Site: *www.nctrf.nf.ca*

Memorial University Faculty of Medicine Web Site: *www.med.mun.ca/med*

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